

WATER CUT OFF REQUEST

CITY OF McCOMB PO BOX 667 McComb, MS 39649-0667
PHONE 601-684-5491 FAX 601-249-0696

eross@mccomb-ms.gov **IF YOU EMAIL ME & YOU DO NOT
RECEIVE A RESPONSE I DID NOT RECEIVE YOUR EMAIL &
YOUR ACCOUNT WILL NOT BE CLOSED OUT!**

NAME ON
ACCOUNT _____

SERVICE ADDRESS _____

DATE YOU WANT THE WATER SERVICE CUT OFF

X ____/____/____

**PLEASE NOTE THAT THE WORK ORDER WILL GO OUT AT 8AM*

NEW MAILING ADDRESS;

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ - _____ - _____

YOUR SIGNATURE **X** _____

PLEASE fill out ALL the HIGHLIGHTED AREAS.

We can not process your request until you do so.

IF YOU ARE DUE A REFUND IT WILL TAKE 4-6 WEEKS.

ACCT# _____

DATE ____/____/____

LOCATION # _____ - _____ - _____